



APPLICATION FOR COSMETOLOGY PROFESSIONAL TEMPORARY PERMIT

SF 51120 (11-02)

INDIANA PROFESSIONAL LICENSING AGENCY
302 W. WASHINGTON ST. ROOM E034
INDIANAPOLIS, IN 46204
(317)-232-2980
<http://www.in.gov/pla>

INSTRUCTIONS:

1. Complete section A of the application.
2. Supervising licensee completes sections B and C of the application.
3. Incomplete applications will not be considered.

****WALK IN TEMPORARY PERMITS WILL NOT BE ISSUED AFTER 4:15 PM**

****TEMPORARY PERMITS WILL NOT BE ISSUED TO PRACTICE IN A SALON THAT IS PRACTICING ON A TEMPORARY PERMIT**

SECTION A - APPLICANT INFORMATION

Check the type of permit
you are applying for:

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Cosmetologist

☐

Manicurist

☐

Esthetician

☐

Electrologist

☐

Instructor

Name:

Social Security number * :

Address:

* Your Social Security number is being requested by this agency in accordance with IC 4-1-8-1. Disclosure is mandatory and your application will not be processed without it. Social Security numbers are made available to the Department of Revenue.

SECTION B - SUPERVISOR INFORMATION

Name of supervising licensee:

License number:

Name of salon:

Salon license number:

Salon address:

SECTION C - CERTIFICATION

I hereby certify that the above named applicant will be working in the above named salon under my supervision.

Signature of supervising licensee:

Date (month, day, year)